

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ANA SOL-GUTIERREZ FOR CONGRESS

ADDRESS (number and street)

3317 TURNER LANE

Check if different
than previously
reported. (ACC)

CHEVY CHASE

MD

20815

2. FEC IDENTIFICATION NUMBER ▼

C

C00577650

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MD

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Herbert Quinonez

Signature of Treasurer

Herbert Quinonez

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 20

Write or Type Committee Name

ANA SOL-GUTIERREZ FOR CONGRESS

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 5 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 5 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 36110.00 | 36110.00 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 36110.00 | 36110.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 6007.07 | 6007.07 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 6007.07 | 6007.07 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 80102.93 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 50000.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 20

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

ANA SOL-GUTIERREZ FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2015

To:

M M / D D / Y Y Y Y
06 / 30 / 2015

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

28300.00

28300.00

(ii) Unitemized.....

5810.00

5810.00

(iii) TOTAL of contributions from individuals ▶

34110.00

34110.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

2000.00

2000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

36110.00

36110.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

50000.00

50000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

50000.00

50000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

86110.00

86110.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 6007.07 | 6007.07 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 6007.07 | 6007.07 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 86110.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 86110.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 6007.07 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 80102.93 |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 20

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Fernando Barrueta

Mailing Address 1800 Old Meadow Rd, Apt 522

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colliers InternationalOccupation
Real Estate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 26 | | 2015 |

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

250.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Luis A. Bonilla

Mailing Address 9502 Ocala Street

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Small business owner- Dry Cleaning

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4288

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Edenilson Bustillo

Mailing Address 19210 Golden Meadow Drive

City

Germantown

State

MD

Zip Code

20876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Owner Classic Embroidery-Screen Print

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4295

Amount of Each Receipt this Period

500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 20

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Orlando Campos

Mailing Address 8645 Mathis Avenue #201

City

Manassas

State

VA

Zip Code

20110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Owner, Campos International Group

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4353

Amount of Each Receipt this Period

300.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Patricia Campos

Mailing Address 5 Bridge Hollow Road

City

Califon

State

NJ

Zip Code

27830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 25 | | 2015 |

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Alejandro Carrasco

Mailing Address 2730 University Blvd Ste 200

City

Wheaton

State

MD

Zip Code

20902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Radio Station Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4298

Amount of Each Receipt this Period

500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 20

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Elmer Diaz

Mailing Address 932 Viers Mill Rd

City

Rockville

State

MD

Zip Code

20851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Real Estate Management

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4278

Amount of Each Receipt this Period

2700.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Stephen Edelen

Mailing Address 6705 Connecticut Ave

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

IT Consultant/ Day Care Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 14 | | 2015 |

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period

250.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Dora H. Escobar

Mailing Address 1194 Hampton Rd

City

Annapolis

State

MD

Zip Code

21409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Restaurant Owner La Chiquita

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period

1000.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3950.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 20

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Enrique Figueroa

Mailing Address 11173 Viers Mill Road

City

Wheaton

State

MD

Zip Code

20902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Singer/ Radio announcer/ Restaurant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4355

Amount of Each Receipt this Period

700.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Leonel Flores

Mailing Address 502 Sunny Brook Terrace Apt 938

City

Gaithersburg

State

MD

Zip Code

20877

FEC ID number of contributing
federal political committee.

C

Name of Employer

CIESS

Occupation

Physician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | | 31 | | 2015 |

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Victor (Lilo) Gonzalez

Mailing Address 8018 Glenside Drive

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Teacher, Musician

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4378

Amount of Each Receipt this Period

400.00

In-kind - Muusic & Entertainment

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jorge Granados

Mailing Address 3455 Holmead PI NW

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Realty Pros

Occupation

Licensed Real Estate Agent

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
06 29 2015

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period

300.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Neftali Granados

Mailing Address 21701 W. Offut Rd

City

Poolesville

State

MD

Zip Code

20837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Grocer Morazan Grocery

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 30 2015

Transaction ID : SA11AI.4330

Amount of Each Receipt this Period

250.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Fernando Gutierrez

Mailing Address 47707 Blockhouse Point Place

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing
federal political committee.

C

Name of Employer

KPMG

Occupation

Financial Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M / D D / Y Y Y Y
06 14 2015

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period

700.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 20

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Rodrigo Gutierrez

Mailing Address 8506 Glenville Road

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MarylandOccupation
Professor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2540.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 26 | | 2015 |

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

2500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Nadine Harth

Mailing Address 4301 Military Road

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 05 | | 2015 |

Transaction ID : SA11AI.4373

Amount of Each Receipt this Period

2000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Freddys W. Martinez

Mailing Address 15508 Castle Ct

City

Laurel

State

MD

Zip Code

20707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Equipment Rental

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 28 | | 2015 |

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period

2700.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 20

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Juan Esteban Melgar

Mailing Address 1902 Hampshire Drive

City

Hyattsville

State

MD

Zip Code

20783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed-

Occupation

Baker/ Owner El Sabor Latino Bakery

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 23 | | 2015 |

Transaction ID : SA11AI.4286

Amount of Each Receipt this Period

500.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Julian Juan Miguel

Mailing Address 1716 Peach Tree Lane

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

General Management

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4276

Amount of Each Receipt this Period

1000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Jeannette Noltenius

Mailing Address 6101 16th St NW Apt 806

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andromeda

Occupation

Health Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 10 | | 2015 |

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

1000.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 20

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jeannette Noltinius

Mailing Address 6101 16th St NW Apt 806

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andromeda

Occupation

Health Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period

1700.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Abel Nunez

Mailing Address 3804 37th Avenue

City

Brentwood

State

MD

Zip Code

20722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central American Resource Ctr

Occupation

Director, non-profit

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 23 | | 2015 |

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period

250.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Herbert Quinonez

Mailing Address 12617 Montclair Drive

City

Silver Spring

State

MD

Zip Code

20904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Automobile Insurance Salesman

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4290

Amount of Each Receipt this Period

500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 20

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Luis Reyes

Mailing Address 1835 18st NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Restaurant Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4375

Amount of Each Receipt this Period

250.00

In-kind - Food for Fundraiser

Full Name (Last, First, Middle Initial)

Margarita Studemeister

Mailing Address 5400 Falls Rd

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Intl Comm of the Red Cross

Occupation

Advisor InterAmerican Affairs

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2015 |

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

2700.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Catherine Varley

Mailing Address 11123 E Omena Rd

City

Northport

State

MI

Zip Code

49670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

N/A

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 26 | | 2015 |

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period

250.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 20

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

Charles Vela

A.

Mailing Address 9400 Falls Bridge Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Afilon, Inc

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 05 | | 2015 |

Transaction ID : SA11AI.4241

Amount of Each Receipt this Period

2700.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Patricio Vela

B.

Mailing Address 668 Home Avenue

City

Atlanta

State

GA

Zip Code

30312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Tech University

Occupation

Professor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 28 | | 2015 |

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period

400.00

Individual Contribution

Full Name (Last, First, Middle Initial)

Salvador A Zelaya

C.

Mailing Address 5653 Kathryn Street

City

Alexandria

State

VA

Zip Code

22303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prestige Group Inc

Occupation

Business Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 29 | | 2015 |

Transaction ID : SA11AI.4336

Amount of Each Receipt this Period

500.00

Individual Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

28300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

| | | | | |
|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |
|------------------------------------|-------------------------------------|--|------------------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

PODER PAC

Mailing Address 3520 MAPLE COURT

City

FALLS CHURCH

State

VA

Zip Code

22041

FEC ID number of contributing
federal political committee.**C** C00452276

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 24 | | 2015 |

Transaction ID : SA11C.4273

Amount of Each Receipt this Period

2000.00

Individual Contribution

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

| | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

ANA SOL-GUTIERREZ FOR CONGRESS

Mailing Address 3317 TURNER LANE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C C00577650

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

05 / **11** / **2015**

Transaction ID : SA13A.4107

Amount of Each Receipt this Period

10000.00

Candidate Loan

Full Name (Last, First, Middle Initial)

ANA SOL-GUTIERREZ FOR CONGRESS

Mailing Address 3317 TURNER LANE

City

CHEVY CHASE

State

MD

Zip Code

20815

FEC ID number of contributing
federal political committee.

C C00577650

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50000.00

Date of Receipt

06 / **29** / **2015**

Transaction ID : SA13A.4108

Amount of Each Receipt this Period

40000.00

Candidate Loan

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / **D D** / **Y Y Y Y Y Y**

Amount of Each Receipt this Period

50000.00

50000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. District Political LLC

Mailing Address 1720 Lanier Place NW, 2nd Floor

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 15 | | 2015 |

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20009 |

Purpose of Disbursement
Operating Expenditures

001

Category/
Type

Candidate Name

ANA SOL-GUTIERREZ FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MD District: 08

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Transaction ID : SB17.4238

Full Name (Last, First, Middle Initial)

B. Doyle Printing & Offset Co

Mailing Address 5206 46th Avenue

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 14 | | 2015 |

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Hyattsville | MD | 20781 |

Purpose of Disbursement
Operating Expenditure

006

Category/
Type

Candidate Name

ANA SOL-GUTIERREZ FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MD District: 08

Amount of Each Disbursement this Period

| |
|---------|
| 1176.60 |
|---------|

Transaction ID : SB17.4227

Full Name (Last, First, Middle Initial)

c. Victor (Lilo) Gonzalez

Mailing Address 8018 Glenside Drive

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 29 | | 2015 |

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Takoma Park | MD | 20912 |

Purpose of Disbursement
In-kind - Muusic & EntertainmentCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Amount of Each Disbursement this Period

| |
|--------|
| 400.00 |
|--------|

Transaction ID : SB17.4380

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4076.60

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

ANA SOL-GUTIERREZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. My Campaign Store LLC

Mailing Address 304 Whittington Parkway, Ste #201

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Louisville | KY | 40222 |

Purpose of Disbursement
Operating Expenditures

006

Category/
Type

Candidate Name

ANA SOL-GUTIERREZ FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MD District: 08

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 18 | | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 767.37 |
|--------|

Transaction ID : SB17.4236

B. PostCards Pro

Mailing Address 425 East Spruce St

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| Tarpon Springs | FL | 34689 |

Purpose of Disbursement
Operating Expenditures

006

Category/
Type

Candidate Name

ANA SOL-GUTIERREZ FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: MD District: 08

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 17 | | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 401.00 |
|--------|

Transaction ID : SB17.4234

c. Luis Reyes

Mailing Address 1835 18st NW

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20009 |

Purpose of Disbursement
In-kind - Food for FundraiserCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 29 | | 2015 |

Amount of Each Disbursement this Period

| |
|--------|
| 250.00 |
|--------|

Transaction ID : SB17.4377

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1418.37

5494.97

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 20

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4107

ANA SOL-GUTIERREZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

ANA SOL-GUTIERREZ FOR CONGRESS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3317 TURNER LANE

City

State

ZIP Code

CHEVY CHASE

MD

20815

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 11 / 2015

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 20

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4108

ANA SOL-GUTIERREZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

ANA SOL-GUTIERREZ FOR CONGRESS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3317 TURNER LANE

City

State

ZIP Code

CHEVY CHASE

MD

20815

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 29 / 2015

Date Due

M M / D D / Y Y Y Y
12/31/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

40000.00

TOTALS This Period (last page in this line only)..... ►

50000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.